

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Am	67614	12/22/85
O.I.P.E. CLASSIFIER		19	1700
FORMALITY REVIEW	E.H.	676135	1/28/86
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	09/16/84
2	09/16/84
3	09/16/84
4	09/16/84
5	09/16/84
6	09/16/84
7	09/16/84
8	09/16/84
9	09/16/84
10	09/16/84
11	09/16/84
12	09/16/84
13	09/16/84
14	09/16/84
15	✓
16	
17	✓
18	✓
19	✓
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21	
22	✓
23	✓
24	
25	✓
26	✓
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29	✓
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43	1
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45	1
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50	✓

Claim	Date
Final	
Original	
51	09/16/84
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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